

Areya Holder Aurzada
State Bar No. 24002303
HOLDER LAW
901 Main Street, Suite 5320
Dallas, TX 75202
Telephone: (972) 438-8800
Email: areya@holderlawpc.com

COUNSEL FOR RYAN NICHOLAS WEISS

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

| | | |
|---------------------|---|-----------------------|
| IN RE | § | |
| | § | |
| RYAN NICHOLAS WEISS | § | CASE NO. 21-31701-HDH |
| | § | |
| Debtor | § | Chapter 11 |
| | § | |

BALLOT SUMMARY AND CERTIFICATION

TO THE HONORABLE UNITED STATES BANKRUPTCY JUDGE:

COMES NOW, RYAN NICHOLAS WEISS, (“Debtor,” and “Debtor in Possession”),
and files this Ballot Summary and Certification pursuant to Local Bankruptcy Rule 3018.2 and in
support thereof would respectfully show as follows:

1. **BALLOTS IN FAVOR:** Debtor’s counsel received the following 4 written
ballots in support of Debtor’s Plan of Reorganization (the “Plan”):

Class 3: All Allowed Unsecured Claims

- A. Greg Jedrusiak \$360,000.00
- B. Alan Auge \$197,333.36
- C. Ryley Seidner \$50,000.00
- D. Cooper Seidner \$25,000.00

2. **BALLOTS IN OPPOSITION:** Debtor’s counsel received the following 1
written ballot in opposition to Debtor’s Plan:

Class 3: All Allowed Unsecured Claims

A. Line 5, LLC \$340,051.71

3. **OBJECTIONS TO CONFIRMATION:** Debtor received one written objection to its proposed Plan filed by Line 5, LLC.

Respectfully submitted,

By: /s/ Areya Holder Aurzada
Areya Holder Aurzada
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IN RE

RYAN NICHOLAS WEISS

Debtor

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CASE NO. 21-31701-HDH

Chapter 11

**BALLOT FOR ACCEPTING OR REJECTING RYAN NICHOLAS WEISS' PLAN OF
REORGANIZATION AND DISCLOSURE CONTAINED HEREIN**

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You should review the Plan before you vote. You may wish to seek legal advice concerning the Plan and your classification and treatment under the Plan.

The Bankruptcy Court may confirm the Plan if it is accepted by holders of two-thirds in amount and more than one-half in number of claims in each class and the holders of two-thirds in amount of equity interests in each class voting on the Plan. However, if any class of Claims fails to accept the Plan in accordance with section 1126 of the Bankruptcy Code, the Bankruptcy Court may still confirm the Plan in accordance with sections 1129 and 1191 of the Bankruptcy Code and in particular the provisions set forth under Subchapter V.

If your Ballot is not received by Debtor's counsel: **HOLDER LAW, Attn: Areya Holder Aurzada, 901 Main Street, Suite 5320, Dallas, Texas 75202, Telephone: 972-438-8800 or by email: amy@holderlawpc.com by 5:00 p.m. on December 14, 2021, and this deadline is not extended, your vote will not count as either an acceptance or rejection of the Plan.**

**YOU SHOULD REVIEW THE PLAN BEFORE YOU VOTE. YOU MAY WISH
TO SEEK LEGAL ADVICE CONCERNING THE PLAN AND YOUR**

CLASSIFICATION AND TREATMENT UNDER THE PLAN. IF YOU HOLD CLAIMS OR EQUITY INTERESTS IN MORE THAN ONE CLASS, YOU WILL RECEIVE A BALLOT FOR EACH CLASS IN WHICH YOU ARE ENTITLED TO VOTE.

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INSTRUCTIONS

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Class 1: Administrative and Professional Fee Claims - Administrative

*Class 1 Administrative Claims are deemed unimpaired for voting purposes.

Class 2: All Allowed Secured Claims of Lewisville ISD and Denton County

The undersigned, the holder of a *Class 2* claim against the Debtor, votes (please check one):

☒ To accept the Plan

☐ To reject the Plan

Please indicate in the box below the amount of the Claim you assert against the Debtor.

| |
|------|
| \$. |
|------|

Class 3: All Allowed Unsecured Claims

The undersigned, the holder of a *Class 3* claim against the Debtor, votes (please check one):

☒ To accept the Plan

☐ To reject the Plan

Please indicate in the box below the amount of the Claim you assert against the Debtor.

| |
|---------------|
| \$ 360,000.00 |
|---------------|

Class 4: All Allowed Unsecured Convenience Claims

The undersigned, the holder of a *Class 4* claim against the Debtor, votes (please check one):

☒ To accept the Plan

☐ To reject the Plan

Please indicate in the box below the amount of the Claim you assert against the Debtor.

\$

Authorization: By returning this Ballot, the undersigned certifies that he/she/it (a) has full power and authority to vote to accept or reject the Plan with the respect to the Claim or Interest listed above and (b) has received a copy of the Plan (including the exhibits thereto), and understands that the solicitation of votes for the Plan is subject to all the terms and conditions set forth in the Plan. Any Ballot that is not signed will not be counted.

GREG JEDUSIAK

Name of Individual or Company (PLEASE PRINT)

By: _____

Title: _____

Street Address: 2108 Lancer Ln

City, State, ZIP Lawrenceville, TX 75056

Telephone Number: 469 446-2914

Signature: 

This Ballot shall not constitute or be deemed a proof of claim or interest or an assertion of a claim or interest and shall not preclude the Plan Proponent from objecting to such claim or its classification.

**YOUR VOTE MUST BE RECEIVED
BY AREYA HOLDER AURZADA
HOLDER LAW
901 MAIN STREET, SUITE 5320
DALLAS, TX 75202
BY 5:00 P.M. ON DECEMBER 14, 2021
OR IT WILL NOT BE COUNTED.**

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IN RE

RYAN NICHOLAS WEISS

Debtor

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CASE NO. 21-31701-HDH

Chapter 11

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REORGANIZATION AND DISCLOSURE CONTAINED HEREIN**

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Class 1: Administrative and Professional Fee Claims - Administrative

*Class 1 Administrative Claims are deemed unimpaired for voting purposes.

Class 2: All Allowed Secured Claims of Lewisville ISD and Denton County

The undersigned, the holder of a *Class 2* claim against the Debtor, votes (please check one):

- ☐ To accept the Plan
- ☐ To reject the Plan

Please indicate in the box below the amount of the Claim you assert against the Debtor.

| |
|----|
| \$ |
|----|

Class 3: All Allowed Unsecured Claims

The undersigned, the holder of a *Class 3* claim against the Debtor, votes (please check one):

- ☒ To accept the Plan
- ☐ To reject the Plan

Please indicate in the box below the amount of the Claim you assert against the Debtor.

| |
|---------------|
| \$ 197,333.36 |
|---------------|

Class 4: All Allowed Unsecured Convenience Claims

The undersigned, the holder of a *Class 4* claim against the Debtor, votes (please check one):

☒ To accept the Plan

☐ To reject the Plan

Please indicate in the box below the amount of the Claim you assert against the Debtor.

\$

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Name of Individual or Company (PLEASE PRINT)

By: Alan Auge

Title: _____

Street Address: 24205 15th Ave E

City, State, ZIP Graham, WA 98338

Telephone Number: 206-715-5893

Signature: [Signature]

This Ballot shall not constitute or be deemed a proof of claim or interest or an assertion of a claim or interest and shall not preclude the Plan Proponent from objecting to such claim or its classification.

**YOUR VOTE MUST BE RECEIVED
BY AREYA HOLDER AURZADA
HOLDER LAW
901 MAIN STREET, SUITE 5320
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BY 5:00 P.M. ON DECEMBER 14, 2021
OR IT WILL NOT BE COUNTED.**

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Class 1: Administrative and Professional Fee Claims - Administrative

*Class 1 Administrative Claims are deemed unimpaired for voting purposes.

Class 2: All Allowed Secured Claims of Lewisville ISD and Denton County

The undersigned, the holder of a *Class 2* claim against the Debtor, votes (please check one):

- ☐ To accept the Plan
- ☐ To reject the Plan

Please indicate in the box below the amount of the Claim you assert against the Debtor.

| |
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| \$ |
|----|

Class 3: All Allowed Unsecured Claims

The undersigned, the holder of a *Class 3* claim against the Debtor, votes (please check one):

- ☒ To accept the Plan
- ☐ To reject the Plan

Please indicate in the box below the amount of the Claim you assert against the Debtor.

| |
|------------|
| \$ 50,000- |
|------------|

Class 4: All Allowed Unsecured Convenience Claims

The undersigned, the holder of a *Class 4* claim against the Debtor, votes (please check one):

- ☐ To accept the Plan
☐ To reject the Plan

Please indicate in the box below the amount of the Claim you assert against the Debtor.

| |
|----|
| \$ |
|----|

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Ryley Seidner
Name of Individual or Company (PLEASE PRINT)

By: Brian Seidner

Title: Parent of Ryley Seidner

Street Address: 5140 Brookhaven Dr.

City, State, ZIP North Royalton, OH 44133

Telephone Number: 216-904-0312

Signature: B.S.

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*Class 1 Administrative Claims are deemed unimpaired for voting purposes.

Class 2: All Allowed Secured Claims of Lewisville ISD and Denton County

The undersigned, the holder of a *Class 2* claim against the Debtor, votes (please check one):

- ☐ To accept the Plan
- ☐ To reject the Plan

Please indicate in the box below the amount of the Claim you assert against the Debtor.

| |
|----|
| \$ |
|----|

Class 3: All Allowed Unsecured Claims

The undersigned, the holder of a *Class 3* claim against the Debtor, votes (please check one):

- ☒ To accept the Plan
- ☐ To reject the Plan

Please indicate in the box below the amount of the Claim you assert against the Debtor.

| |
|-------------|
| \$ 25,000 - |
|-------------|

Class 4: All Allowed Unsecured Convenience Claims

The undersigned, the holder of a *Class 4* claim against the Debtor, votes (please check one):

- ☐ To accept the Plan
- ☐ To reject the Plan

Please indicate in the box below the amount of the Claim you assert against the Debtor.

| |
|----|
| \$ |
|----|

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Cooper Seidner
Name of Individual or Company (PLEASE PRINT)

By: Brian Seidner

Title: Parent of Cooper Seidner

Street Address: 5140 Brookhaven Dr.

City, State, ZIP North Royalton, OH 44133

Telephone Number: 216-904-0312

Signature: B.S.

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BY AREYA HOLDER AURZADA
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The undersigned, the holder of a *Class 2* claim against the Debtor, votes (please check one):

☐ To accept the Plan

☐ To reject the Plan

Please indicate in the box below the amount of the Claim you assert against the Debtor.

\$

Class 3: All Allowed Unsecured Claims

The undersigned, the holder of a *Class 3* claim against the Debtor, votes (please check one):

☐ To accept the Plan

☒ To reject the Plan

Please indicate in the box below the amount of the Claim you assert against the Debtor.

\$ 340,051.71

Class 4: All Allowed Unsecured Convenience Claims

The undersigned, the holder of a *Class 4* claim against the Debtor, votes (please check one):

☐ To accept the Plan

☐ To reject the Plan

Please indicate in the box below the amount of the Claim you assert against the Debtor.

\$

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Line 5, LLC
Name of Individual or Company (PLEASE PRINT)

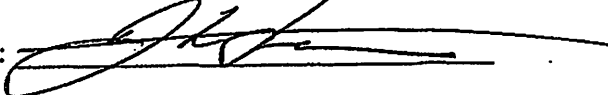
By: Justin Lane

Title: President / CEO

Street Address: 5644 Tavilla Ct, Ste 102

City, State, ZIP Naples, FL 34110

Telephone Number: (844) 775-4635

Signature: 

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